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TYPE **SMALL ENTITY** ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$30 \$0 \$30 09/30/2004 **EXAMINER** ART UNIT **CLASS-SUBCLASS** LEE, HSIEN MING 2823 438-015000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the TraskBritt names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single $\mbox{\ensuremath{\square}}$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent Tree Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. 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